



AMERICAN ASSOCIATION OF THE PHILIPPINES

Date _____

I want to register as DONOR for the AAP's RH Negative Blood Program:

(For your own health benefit we ask you to please indicate your blood type. AAP administers a voluntary Rh Negative Blood Donor List and works in cooperation with other private and government organizations in sourcing blood in cases of emergency – as well as in some “pre-need” cases (such as elective surgery). **Rh negative blood is extremely rare in the Philippines**, so if you are Rh negative it is imperative that you register your blood type with AAP – and we ask you to consider being a volunteer donor. Your donation could make the difference between life and death. **It could save your own life.**)

Blood type _____

Name _____

Company (if applicable) _____

Mailing Address _____

Home or Business Phone (please circle appropriate to indicate): _____

Fax (please indicate if number is tele/fax): _____

Email: _____

Visit our website at <http://www.americanassociationphilippines.org>